League Divisions

7 & 8 years of age
10 and under
12 and under
14 and under
Age as of January 1, 2017

2017 City Wide Youth Basketball League



High Point Parks & Recreation 136 Northpoint Avenue High Point, NC 27262 (336) 883-3480 (336) 883-3469 www.highpointnc.gov/pr

Registration Deadline – January 18, 2017 Fee: \$40 per person A COMPLETED FORM, PAYMENT, & COPY OF BIRTH CERTIFICATE IS NECESSARY AT TIME OF REGISTRATION.

GUARDIAN INFORMATION

			MaleFemale DOB/
Mailing Address		City	State Zip
Home Phone	Work Phone		Cell Phone
Email*		Alternate Email*	
	PLAYER I	NFORMATION	
First Name	Last Name		_ □Male □Female DOB//
School		Grade	Division
			Have any special needs?
Emergency Contact		Phone	Relationship
Jersey Size: XS_	S ML Youth Sizes		LXL ult Sizes
		messages from High Poin	t Parks & Recreation. Standard text rates may appl
""By providing your ema	add. cos, you ago co to receive eman commun	ilcation noin riigh Foint F	
Release and Indemnity Agreen while traveling, equipment prolony child to participate in the sell responsibility of injury, illn procedures for the program and or myself and for my heirs, as from the City of High Point, its program, I agree that I am a paights that I may request on bet laims, damages, losses, or exp	nent: I understand that participating in the class(es) or polems or failures, contacts with actions of other particip lected programs despite the risks. By signing the registrates or death in any way connected with participation in to follow reasonable instructions of the teachers and su signs, executors and administrators to release, acquit, way officers, employees, agents or its volunteers for injury trent, legal guardian, or am otherwise responsible for the half of the child participant in the program. I also agree	orogram(s) selected involves risants, slips/trips/falls, and muscition form, I acknowledge all rinthe program. I also agree for pervisors of the program. In reaive and forever discharge any, illness, death or property losse child whose application I am not to sue the City, its officers ting an injury, illness or death t	uloskeletal injuries, among others. I choose for myself or for sks of injury, illness and death and affirm that I have assumed myself and for any child participant to follow all rules and turn for the opportunity to participate in this program, I agree legal rights I may have to seek payment or relief of any kind resulting from this program. If I am registering a child for a submitting and that I release, waive, and discharge any legal , employees or agents and agree to indemnify the City for all to me or my child resulting from participation in the program.
Release and Indemnity Agreen while traveling, equipment prolony child to participate in the se all responsibility of injury, illn procedures for the program and or myself and for my heirs, as from the City of High Point, its program, I agree that I am a parights that I may request on bet elaims, damages, losses, or expermission is given for any emergence of the property of the use of photo make unlimited to the use of such rought without your name for any later without your	nent: I understand that participating in the class(es) or polems or failures, contacts with actions of other participations of the participation in the class of death in any way connected with participation in to follow reasonable instructions of the teachers and susigns, executors and administrators to release, acquit, was officers, employees, agents or its volunteers for injury rent, legal guardian, or am otherwise responsible for the half of the child participant in the program. I also agree enses, including attorney's fees, if a suit is filed concernergency medical treatment which might become necessarined, hereby consent to allow the exclusive use of, and rotos, video and audiotapes) of the likeness, voice, and/or eproductions, including but not limited to print and/or elements.	orogram(s) selected involves risants, slips/trips/falls, and musc tition form, I acknowledge all risant the program. I also agree for pervisors of the program. In reaive and forever discharge any, illness, death or property loss e child whose application I am not to sue the City, its officers ing an injury, illness or death try and I agree to be responsible relinquish all rights to, photogractivities of the participant and lectronically, broadcasting of the	sk of injury. These risks include inclement weather, accidents uloskeletal injuries, among others. I choose for myself or for sks of injury, illness and death and affirm that I have assumed myself and for any child participant to follow all rules and turn for the opportunity to participate in this program, I agree legal rights I may have to seek payment or relief of any kind resulting from this program. If I am registering a child for a submitting and that I release, waive, and discharge any legal, employees or agents and agree to indemnify the City for all to me or my child resulting from participation in the program. If or the expense of medical treatment or service. Taphs, recordings and reproductions in any manner (including further authorize the City of high Point, its agents or assigns, he reproduction over radio, television, and on the internet with the City. I understand that this Release shall remain in effect